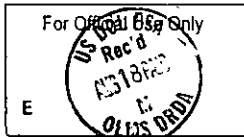


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

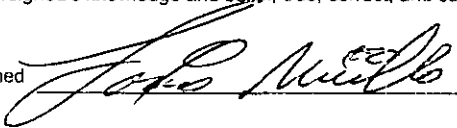
1. File Number U - <b>11006</b>	2. Fiscal Year Covered From: <b>01 / 01 / 04</b> Through: <b>12 / 31 / 04</b>
3. Name and address of person filing. Name <b>Louis Micillo</b> P.O. Box, Bldg., Room No., if any <b>1600</b> Street <b>WATWHITMAN RD</b> City <b>MELVILLE</b> State <b>N.Y.</b> ZIP Code + 4 <b>11747</b>	4. Name, file number, and address of labor organization. Name <b>GENERAL BUILDING Laborers Local Union 66</b> Labor Organization File Number <b>026-302</b> P.O. Box, Building and Room Number, if any <b>P.O. Box 666 1600</b> Street <b>WATWHITMAN RD</b> City <b>MELVILLE</b> State <b>N.Y.</b> ZIP Code + 4 <b>11747</b>
5. Position in labor organization. <b>DISPATCHER, E-BOARD MEMBER</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed  On 8/12/05 631-249-1110  
Date Telephone Number

Name of Person Filing <i>Louis Micillo</i>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>GENERAL BUILDING LABORERS Local 65 TRAINING FUND</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <i>PO Box 661</i></p> <p>Street <i>WATKINSON RD</i></p> <p>City <i>MELVILLE</i></p> <p>State <i>N.Y.</i> ZIP Code + 4 <i>11747</i></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p><i>EDUCATION, LUNcheon, CONFERENCE + TRUSTEE MEETING IN FLORIDA ALSO TRUSTEE MEETING IN SARATOGA PAID BY TRAINING FUND FOR FOOD, TRAVEL, LODGING + TOLLS</i></p> <p>12.b. Amount. <i>\$2,996.94</i></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <u>Louis Micillo</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any)  Name <u>GENERAL Building Laborers Local Union 66 Washington</u>  Trade Name, if any  P.O. Box, Bldg. Room No., if any <u>P.O. Box 6671 1660</u>  Street <u>Walt Whitman RD</u>  City <u>Melville</u>  State <u>N.Y.</u> ZIP Code + 4 <u>11747</u>	9. Business deals with:  <input checked="" type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name  Name  Trade Name, if any  P.O. Box, Bldg. Room No., if any  Street  City  State ZIP Code + 4	11.a. Nature of such dealing     11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received <u>CHRISTMAS Party for OFFICE STAFF</u> <u>AND PROFESSIONAL of Local 66 Trust Funds</u>  12.b. Amount. <u>64.72</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)  Name  Trade Name, if any.  P.O. Box, Bldg. Room No., if any  Street  City  State ZIP Code + 4	14 a. Nature of payment     14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing <i>Louis Micillo</i>	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name, if any)  Name <i>GREATER NEW YORK LABORERS-EMPLOYERS COOPERATION AND EDUCATION TRUST</i> Trade Name, if any <i>L.E.C.T.</i>  P.O. Box, Bldg., Room No., if any <i>P.O. Box 1100</i> Street <i>266 West 37th Street</i> City <i>NEW YORK</i> State <i>NEW YORK</i> ZIP Code + 4 <i>10018</i>	9. Business deals with  <input checked="" type="checkbox"/> a. Labor Organization b. Trust c. Employer
10 If 9 b. or 9 c. is checked give trust or employer's name  Name  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	11 a. Nature of such dealing    11.b. Approximate dollar value of such dealing  12.a. Nature of interest held or income received. <i>ATTENDED DINNER IN SEPT 04</i>   12.b. Amount. <i>56.44</i>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)  Name  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	14 a. Nature of payment          
13 b. Is the Business an Employer or Consultant ?	14 b. Amount of payment

Name of Person Filing <u>Loan, M.C. 110</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any)  Name <u>FOX ASSET MANAGEMENT</u>  Trade Name, if any _____  P O Box, Bldg., Room No., if any <u>44</u>  Street <u>SYCAMORE AVE</u>  City <u>LITTLE SILVER</u>  State <u>N.J.</u> ZIP Code + 4 <u>07739-1242</u>	9. Business deals with:  a. Labor Organization _____ <input checked="" type="checkbox"/> b. Trust c. Employer _____
10. If 9.b. or 9.c. is checked give trust or employer's name  Name <u>GENERAL BUILD LABORERS LOCAL UNION 66 PENSION FUND</u>  Trade Name, if any: _____  P O Box, Bldg., Room No., if any <u>P.O. Box 667 1606</u>  Street <u>WALT WHITMAN RD</u>  City <u>MELVILLE</u>  State <u>N.Y.</u> ZIP Code + 4 <u>11747</u>	11 a. Nature of such dealing <u>FOX INVESTMENT MANAGER'S PENSION FUND.</u>  <hr/> 11.b. Approximate dollar value of such dealing <u>89,136.00</u>  12.a. Nature of interest held or income received <u>DINNER FOR TRUSTEES + GUEST OF TRUSTEES OF THE PENSION FUND.</u>  <hr/> 12.b. Amount. <u>142.50</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	14.a. Nature of payment  _____  _____  _____
13.b. Is the Business an Employer _____ or Consultant _____ ?	14 b. Amount of payment. _____